

### **HMO Benefit Overview**

# DEFOREST AREA SCHOOL DISTRICT HMO1-1

Annual Deductible	\$0/\$0 (Single/Family)	
Coinsurance	0% Coinsurance	
Annual Maximum Out of Pocket	\$4,600/\$9,200 (Single/Family)	
Lifetime Maximum	Unlimited	
Annual Maximum for Essential Benefits	Unlimited	
Preventive Services	Unlimited	
Dependent Age	26/26	
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Physician Services		
Office Visit	\$15 Copayment	
Chiropractor Visits	\$15 Copayment	
Hearing Examination	\$15 Copayment	
Podiatry Services	\$15 Copayment	
Vision Services	\$15 Copayment	
Weight Loss/Nutritional Counseling	\$15 Copayment	
Weight 2000/Mathional Councoming		
Hospital Services		
General Inpatient	100% Coverage	
Delivery & Newborn Charges	100% Coverage	
Outpatient Services	100% Coverage	
Output of view		
Emergency Services		
Emergency Room	\$100 Copayment	
Urgent Care	\$15 Copayment	
Ambulance	100% Coverage	
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Pharmacy Benefits		
Tier 1/Tier 2/Tier 3	\$10/\$25/\$50 Copay	
Value Tier	\$5 Rx Outcomes	
Max Out-of-Pocket (Single/Family)	\$2,000/\$4,000	
Behavioral Health		
Inpatient	100% Coverage	
Transitional	100% Coverage	
Outpatient		
Psychiatrist or Psychologist	\$15 Copayment	
Other Mental Health Professional	\$15 Copayment	
Diagnostic Services		
Lab	100% Coverage	
X-Ray	100% Coverage	
MRI/MRA Scan	100% Coverage	
PET Scan	100% Coverage	
CAT Scan	100% Coverage	
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Other Services	4000/ 0	
Anesthesia for Dental	100% Coverage	
Autism Spectrum Disorder	See Specific Benefit Category for Applicable Coverage	
Durable Medical Equipment	100% Coverage	
Home Health Care Services	100% Coverage	
Hospice Services	100% Coverage	
Kidney Disease Treatment	See Specific Benefit Category for Applicable Coverage	
Oral Surgery	100% Coverage	
Skilled Nursing Care Facility	100% Coverage	
Therapy Services	100% Coverage	
TMJ Benefits	\$15 Copayment	



### POS Benefit Overview

#### DEFOREST AREA SCHOOL DISTRICT POS1-1

Affiliated with ow health	In-Network	Out-of-Network
Annual Deductible	\$0/\$0 (Single/Family)	\$100/\$200 (Single/Family)
Annual Deductible	0% Coinsurance	10% Coinsurance
Coinsurance		\$600/\$1,200 (Single/Family)
Annual Maximum Out of Pocket	\$600/\$1,200 (Single/Family)	
Lifetime Maximum	Unlimited	Unlimited
Annual Maximum for Essential Benefits	Unlimited	Unlimited
Preventive Services	Unlimited	Subject to Deductible and Coinsurance
Dependent Age	26/26	26/26
Dhysisian Sandess		
Physician Services Office Visit	\$15 Copayment	Subject to Deductible and Coinsurance
	\$15 Copayment	Subject to Deductible and Coinsurance
Chiropractor Visits		No Benefit
Hearing Examination	\$15 Copayment	Subject to Deductible and Coinsurance
Podiatry Services	\$15 Copayment	
Vision Services	\$15 Copayment	Subject to Deductible and Coinsurance
Weight Loss/Nutritional Counseling	\$15 Copayment	No Benefit
Hospital Services		
General Inpatient	100% Coverage	Subject to Deductible and Coinsurance
Delivery & Newborn Charges	100% Coverage	Subject to Deductible and Coinsurance
Outpatient Services	100% Coverage	Subject to Deductible and Coinsurance
Outpatient Services	100% Coverage	Cabjest to Doddethole and Comparation
Emergency Services		
Emergency Room	\$100 Copayment	\$100 Copayment
Urgent Care	\$15 Copayment	Subject to Deductible and Coinsurance
Ambulance	100% Coverage	100% Coverage
Pharmacy Benefits	0.0000000000000000000000000000000000000	#40/#05/#50 O
Tier 1/Tier 2/Tier 3	\$10/\$25/\$50 Copay	\$10/\$25/\$50 Copay
Value Tier	\$5 Rx Outcomes	\$5 Rx Outcomes
Max Out-of-Pocket (Single/Family)	\$2,000/\$4,000	\$2,000/\$4,000
Behavioral Health		
Inpatient	100% Coverage	Subject to Deductible and Coinsurance
Transitional	100% Coverage	Subject to Deductible and Coinsurance
Outpatient	100 % Coverage	Cabjoot to Boadstible and Combatance
	\$15 Capayment	Subject to Deductible and Coinsurance
Psychiatrist or Psychologist	\$15 Copayment	Subject to Deductible and Coinsurance
Other Mental Health Professional	\$15 Copayment	Subject to Deductible and Comsulance
Diagnostic Services		
Lab	100% Coverage	Subject to Deductible and Coinsurance
X-Ray	100% Coverage	Subject to Deductible and Coinsurance
MRI/MRA Scan	100% Coverage	Subject to Deductible and Coinsurance
PET Scan	100% Coverage	Subject to Deductible and Coinsurance
CAT Scan	100% Coverage	Subject to Deductible and Coinsurance
Other Services		
Anesthesia for Dental	100% Coverage	Subject to Deductible and Coinsurance
Autism Spectrum Disorder		ory for Applicable Coverage
Durable Medical Equipment	100% Coverage	Subject to Deductible and Coinsurance
Home Health Care Services	100% Coverage	Subject to Deductible and Coinsurance
Hospice Services	100% Coverage	Subject to Deductible and Coinsurance
Kidney Disease Treatment See Specific Benefit Category for Applicable Coverage		
Oral Surgery	100% Coverage	Subject to Deductible and Coinsurance
Skilled Nursing Care Facility	100% Coverage	Subject to Deductible and Coinsurance
Therapy Services	100% Coverage	Subject to Deductible and Coinsurance
TMJ Benefits	\$15 Copayment	Subject to Deductible and Coinsurance
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### **PPO Benefit Overview**

## DEFOREST AREA SCHOOL DISTRICT PP01-1

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Annual Deductible	\$0/\$0 (Single/Family)	\$100/\$200 (Single/Family)
Coinsurance	0% Coinsurance	10% Coinsurance
Annual Maximum Out of Pocket	\$600/\$1,200 (Single/Family)	\$600/\$1,200 (Single/Family)
Lifetime Maximum	Unlimited	Unlimited
Annual Maximum for Essential Benefits	Unlimited	Unlimited
Preventive Services	Unlimited	Subject to Deductible and Coinsurance
Dependent Age	26/26	26/26
Dependent Age	20:20	
Physician Services		
Office Visit	\$15 Copayment	Subject to Deductible and Coinsurance
Chiropractor Visits	\$15 Copayment	Subject to Deductible and Coinsurance
Hearing Examination	\$15 Copayment	Subject to Deductible and Coinsurance
Podiatry Services	\$15 Copayment	Subject to Deductible and Coinsurance
Vision Services	\$15 Copayment	Subject to Deductible and Coinsurance
Weight Loss/Nutritional Counseling	\$15 Copayment	Subject to Deductible and Coinsurance
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Hospital Services	1000/ 0	O. bis at to Dodge tible and Only
General Inpatient	100% Coverage	Subject to Deductible and Coinsurance
Delivery & Newborn Charges	100% Coverage	Subject to Deductible and Coinsurance
Outpatient Services	100% Coverage	Subject to Deductible and Coinsurance
Emergency Consisse		
Emergency Services Emergency Room	\$100 Copayment	\$100 Copayment
Urgent Care	\$15 Copayment	Subject to Deductible and Coinsurance
	100% Coverage	100% Coverage
Ambulance	100% Coverage	100 % Coverage
Pharmacy Benefits		
Tier 1/Tier 2/Tier 3	\$10/\$25/\$50 Copay	\$10/\$25/\$50 Copay
Value Tier	\$5 Rx Outcomes	\$5 Rx Outcomes
Max Out-of-Pocket (Single/Family)	\$2,000/\$4,000	\$2,000/\$4,000
Behavioral Health	4000/ 0	Subject to Deductible and Coingurance
Inpatient	100% Coverage	Subject to Deductible and Coinsurance
Transitional	100% Coverage	Subject to Deductible and Coinsurance
Outpatient		
Psychiatrist or Psychologist	\$15 Copayment	Subject to Deductible and Coinsurance
Other Mental Health Professional	\$15 Copayment	Subject to Deductible and Coinsurance
Diagnostic Services		
Lab	100% Coverage	Subject to Deductible and Coinsurance
X-Ray	100% Coverage	Subject to Deductible and Coinsurance
MRI/MRA Scan	100% Coverage	Subject to Deductible and Coinsurance
PET Scan	100% Coverage	Subject to Deductible and Coinsurance
CAT Scan	100% Coverage	Subject to Deductible and Coinsurance
CAT COUNT		
Other Services		
Anesthesia for Dental	100% Coverage	Subject to Deductible and Coinsurance
Autism Spectrum Disorder		ory for Applicable Coverage
Durable Medical Equipment	100% Coverage	Subject to Deductible and Coinsurance
Home Health Care Services	100% Coverage	Subject to Deductible and Coinsurance
Hospice Services	100% Coverage	Subject to Deductible and Coinsurance
Kidney Disease Treatment		ory for Applicable Coverage
Oral Surgery	100% Coverage	Subject to Deductible and Coinsurance
Skilled Nursing Care Facility	100% Coverage	Subject to Deductible and Coinsurance
Therapy Services	100% Coverage	Subject to Deductible and Coinsurance
TMJ Benefits	\$15 Copayment	Subject to Deductible and Coinsurance
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